



191 Sudbury Road, Concord MA 01742

## 2010/2011 SEASON REGISTRATION FORM

Dancers Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Dancer's Age as of 9/1/2010: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Academic School: \_\_\_\_\_

Address 1: \_\_\_\_\_

Parent/s at This Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

Parent/s at This Address: \_\_\_\_\_

### PLEASE PROVIDE EMAIL ADDRESSES FOR ALL RESPONSIBLE PARTIES:

Email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_

Important Information: (health, injury, previous experience): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Classes Registering for: (please indicate day and time of class) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I agree to the Gervais Dance Studio (GDS) quarterly tuition of: \$\_\_\_\_\_ for the above registered dancer (Registrant). I agree that if tuition due is 5 or more days late for any given quarter, I am required to pay the mandatory \$20 late fee along with that quarter's tuition. If Registrant misses more than 3 classes in a row without communication to his/her instructor or staff member, I understand that I am jeopardizing Registrant's spot in the GDS Annual Recital. I understand and acknowledge that all tuition is non-refundable. I also understand that this is a contract for payment and that I must pay for classes taken by Registrant in a timely fashion. In the event of choosing to discontinue Registrant's classes at GDS, I agree to immediately notify GDS and understand that I am fully responsible for paying any outstanding account balance due to GDS at this time. I also understand that the dance class/es I am registering for are a full-year commitment, and agree to pay all quarterly tuition for the 2010/2011 school year to GDS. Additionally, I fully understand that dance is a physical activity that requires use of the body and that accidents may occur, and therefore take full responsibility/liability for Registrant when in class, on the GDS premises, or under the direction of GDS staff or instructors unless the injuries are knowingly inflicted by GDS, its staff or instructors. I completely hold GDS harmless in case of injury to Registrant. Furthermore, I take full responsibility for my actions as well as Registrant's actions while Registrant is enrolled at GDS, and understand that GDS has the right to mandate Registrant not return to class if Registrant is disruptive to others or the quality of GDS classes in any way.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_